

# ARIZONA DEPARTMENT OF RACING

Please Type or Print In Ink

## LICENSE APPLICATION

This license is temporary for 90 days. It may be suspended or revoked during this time period if information obtained during the background investigation is determined to be grounds for refusal to issue, approve or renew a license. (ARS § 5-108) This document is a public record as defined in A.R.S. § 41-1350, and is therefore open to public inspection. (A.R.S. § 39-121)

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Disclosure of your social security number is mandatory. ARS § 25-320)

### Applicant's Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Jr, Sr., etc.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Other Names You Have Used (maiden/other) \_\_\_\_\_

Track or OTB Where Participating: \_\_\_\_\_

**License Category:** 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

**Track or Permittee Employee** Signature of supervisor required. Dept. \_\_\_\_\_

Supervisor \_\_\_\_\_  
Print Name Signature

**Employee of Trainer or Jockey** Signature of trainer or jockey required.

Trainer or Jockey \_\_\_\_\_  
Print Name Signature

### Personal Information

**Permanent Mailing Address** Please be advised that the address listed below will be used for mailing all notices or other communication. It is the sole responsibility of the licensee to notify the Department of a change in mailing address.

Mailing Address \_\_\_\_\_ Apt, Suite, Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_

Married ☐ Yes ☐ No If "Yes," Spouse's Name \_\_\_\_\_

Are you a Citizen or National of the United States? ☐ Yes ☐ No

Place of Birth \_\_\_\_\_

**License Applicants (Owners Only) Under 18 Years of Age** – Must have a parent or guardian sign the license application assuming full financial responsibility.

Signature of Parent/Guardian \_\_\_\_\_

Date of Birth Verification Document \_\_\_\_\_

### Racing Infractions

Has your racing license ever been denied, suspended, or revoked? ☐ Yes ☐ No

If you answered Yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FOR OFFICIAL USE ONLY

License(s) Exp. \_\_\_\_\_

Date of issue \_\_\_\_\_

☐ New or ☐ Previously Licensed As \_\_\_\_\_

Citizenship: ☐ Provided & Attached

or ☐ Verified in SmartNet

### License Numbers Issued & Lic. Fee

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Total License Fees \_\_\_\_\_

Fingerprint Fee \_\_\_\_\_

Total Fees Due \_\_\_\_\_

Fee Paid By ☐ Cash ☐ Check/M.O.  
 Change/Overpymt Ck # \_\_\_\_\_

### Fingerprints

Date Last Fingerprinted \_\_\_\_\_

Fingerprints Required? ☐ Yes ☐ No

Fingerprint Clearance Card Submitted

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Verify 8 am–5 pm M-F

Card Valid? ☐ Yes ☐ No

Date Verified/Initials \_\_\_\_\_

Criminal History Report ☐ NR ☐ CH

Report Date \_\_\_\_\_

### Red Flag List

On List ☐ Yes ☐ No \_\_\_\_\_  
Initials

If "Yes" forward to Stewards or Director for review and recommendation.

☐ Approve

☐ Approve with Conditions

☐ Deny

Conditions \_\_\_\_\_

Director's Initials \_\_\_\_\_

Steward's Initials \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_

# ARIZONA DEPARTMENT OF RACING

## CRIMINAL HISTORY BACKGROUND

All license applicants are required to provide answers to the criminal history background questions. Please read each question carefully and answer truthfully. An applicant who intentionally or recklessly provides false information concerning his/her criminal history background is subject to license suspension or revocation. A.R.S. § 5-108(E) A summary of offenses that may cause a license to be denied, suspended or revoked is available. **Any Outstanding Warrants found during the background investigation may result in immediate suspension of your license. Please ask for assistance if you do not understand a question or if you are unsure of your answer. This section of the application is available in Spanish upon request. (Esta sección de la aplicación esta disponible en español si lo solicita.)**

☐ I acknowledge that I have been provided with a Spanish translation of the Criminal History Background section of this application to aide in my understanding of the questions asked. Initial & Date \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you been <u>arrested</u> or <u>charged</u> with a criminal offense in the <b>past three (3) years</b> ? This may include, but is not limited to: DUI/DWI, Domestic Violence, Outstanding Warrants, Summons, Indictment, Complaint or any charges where you have been taken into custody by the Police or any law enforcement agency. .... | <b>YES</b>               | <b>NO</b>                |
| .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been <u>convicted</u> of a <b>misdemeanor</b> in the <b>past ten (10) years</b> ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you <u>ever</u> been <u>convicted</u> of a <b>felony</b> ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently on <b>parole</b> or <b>probation</b> ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

### IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS – PLEASE PROVIDE AN EXPLANATION FOR EACH INCIDENT

Date	City	State	Offense (Nature of Charge)	Disposition/Final Results of Case

### OWNERS – Please provide the following information.

- How does your name appear on animal registration papers? \_\_\_\_\_
- Who is your Arizona licensed trainer? \_\_\_\_\_
- Do you race under a stable/kennel name in Arizona? ☐ Yes ☐ No  
If you answered "Yes," what is the stable/kennel name? \_\_\_\_\_
- List the names of the horses or greyhounds you plan to race in Arizona.

Name of Animal(s)	Name(s) of Other Owner(s) or Anyone With an Interest in the Named Animal	Address (City, State, Country)	Interest or % Owned

### TRAINERS – List Owners for whom you are now training.

Name of Owner (Last, First, Middle Initial)	Address (City, State, Zip Code, Country)

## STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS - LICENSING

- All applicants for a license must complete Sections I, II, and IV.
- Applicants who are not U.S. citizens or nationals must also complete Section III.
- Submit this completed form and a copy of one or more documents that evidence your citizenship or alien status with your application for new or renewal license. See the Evidence of U.S. Citizenship, U.S. National Status, or Alien Status form for acceptable documents.

***NOTICE – License Applicants will not be issued a license unless they present evidence of citizenship or alien status at time of application. A.R.S. § 1-501, 8 U.S.C. § 1621(c)(1)***

### EXCEPTIONS:

- ☐ I have previously complied with these requirements and have acceptable, unexpired documentation on file with the Arizona Department of Racing.
- ☐ I am an out-of-country resident, and will not be physically present in Arizona at the time of licensing.

If you have checked either of the above boxes, please complete Sections I and IV, and then proceed to Page 4 of this application.

### SECTION I - Applicant Information

Name \_\_\_\_\_ Date \_\_\_\_\_ License Type \_\_\_\_\_

### SECTION II – Citizenship or National Status Declaration

- Are you a citizen or national of the United States? ☐ Yes ☐ No
- If you answered “No,” skip this section and go to Section III. You must complete Sections III and IV.
- If you answered “Yes:”
  - List the city, state (or equivalent), and country of birth.  
City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_
  - Provide a document from List A or other document that demonstrates U.S. citizenship or nationality.  
Name of document provided: \_\_\_\_\_
  - Provide a picture identification if qualifying document has no picture.
  - Please go to Section IV, skipping Section III.

### SECTION III – Alien Status Declaration

- Provide a document from List B that indicates your alien status.  
Name of document provided: \_\_\_\_\_ Document # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Indicate your alien status by checking one of the following boxes.

#### **Qualified Alien Status** (8 U.S.C. §§ 1621(a)(1), -1642(b) and (c))

- ☐ An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ An alien who is granted asylum under § 208 of the INA.
- ☐ A refugee admitted to the United States under § 207 of the INA.
- ☐ An alien paroled in the United States for at least one year under § 212(d)(5) of the INA.
- ☐ An alien whose deportation is being withheld under § 243(h) of the INA.
- ☐ An alien granted conditional entry under § 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ An alien who is a Cuban and Haitian entrant (as defined in § 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ As alien who is, or whose child or child's parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

#### **Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- ☐ A nonimmigrant under the Immigration and Nationality Act (8 U.S.C. § 1101 et seq.) Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

#### **Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- ☐ An alien paroled into the United States for less than one year under § 212(d)(5) of the INA.

#### **Other Persons** (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ A nonimmigrant whose visa for entry is related to employment in the United States.
- ☐ A citizen of a freely associated state, if § 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect. (Includes Republic of the Marshall Islands, Republic of Palau, and Federate States of Micronesia)
- ☐ A foreign national not physically present in the United States.

#### **Otherwise Lawfully Present** (A.R.S. § 1-501)

- ☐ A person not described in any of the categories listed but who is otherwise lawfully present in the United States. (Please note, persons checking this box may be ineligible for licensure. See 8 U.S.C. § 1621(a))

### SECTION IV – Declaration

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge. I understand that it is my responsibility to advise the Department of any change in citizenship or alien status and to provide the Department with a copy of new or renewed documents evidencing my status.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ARIZONA EMPLOYERS - WORKERS' COMPENSATION COMPLIANCE****Arizona Revised Statutes Title 23, Chapter 6**

Arizona law requires that all employers doing business in Arizona carry workers' compensation insurance. The Industrial Commission of Arizona routinely checks employers at Arizona racetracks for workers' compensation compliance. Failure to comply with the provisions of A.R.S. Title 23, Chapter 6, may result in enforcement action through The Industrial Commission of Arizona. Civil Penalties may be imposed and you may also be subject to an injunction to close your business operations until you obtain the mandatory insurance.

**WARNING – Please read carefully before signing.**

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules of the Arizona Racing Commission. The undersigned, being duly sworn, says that he/she is the applicant above named, that he/she has read the complete application and knows the contents thereof, that the same is true of the applicant's own knowledge, and is made for the purpose of inducing the Arizona Department of Racing to issue the license applied for, that he/she assents and agrees as a condition precedent to receiving said license, that he/she will strictly comply with the laws of the State of Arizona and with the Rules of the Arizona Department of Racing and the Arizona Racing Commission. I certify that all the foregoing statements are true and correct to the best of my knowledge. I have been provided with a copy of the License Application Instructions & Checklist, and a list of criteria that may cause my license to be denied, suspended or revoked. I acknowledge receiving a written explanation of the license application review timeframes established under the authority of A.R.S. § 41-1073, and detailed in A.A.C. R19-2-106 and R19-2-306. I have read the complete application and understand that my license may be suspended or revoked and that I may be charged with a criminal offense for knowingly making any false statements or omissions on this application. The issuance of a license by the Department does not necessarily entitle the holder to any rights or privileges at the premises of any track licensed by the Department. I understand that notification to the Department of change of address is the sole responsibility of the licensee. I consent to a search of my person, vehicles, tack rooms, stable area rooms, or stalls by representatives of the Department while on the grounds under the supervision of the Department (A.R.S. § 5-104(B)(E); A.A.C. R19-2-102(17) & R19-2-302(19); R19-2-121(E)(3)(a)(e) & R19-2-309(E)(3)(a)(e)). If payment of fees is made by personal check and that check is not on a valid account or drawn without sufficient funds, the license issued shall be null and void and an automatic fine of \$25.00 shall be imposed. A.R.S. §25-320 **MANDATES** that each licensing board or agency that issues professional or occupational licenses or certificates **MUST** obtain and record the social security number of an applicant for professional or occupational license or certificate in its database in order to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders. Therefore, it is **MANDATORY** that your social security number is provided on this application. When social security numbers appear on public records, and copies of such records become the subject of a records request, social security numbers **MUST** be redacted from the document.

I hereby acknowledge that pursuant to A.R.S. § 5-104(C) and as set forth in A.A.C. R19-2-112 and R19-2-311, as a licensee, I am required, if applicable to my license category, to submit to testing when there is reason to believe I am under the influence of or unlawfully in possession of any prohibited substance regulated by Title 13, Chapter 34, or have consumed alcohol in violation of A.A.C. R19-2-112 or R19-2-311.

X \_\_\_\_\_  
Signature of License Applicant

Date \_\_\_\_\_

**(Please make check/money order payable to ADOR)**

**EXAM TECHNICIAN**

Processed \_\_\_\_\_  
Initial/Date

- ☐ RCI – NO RULINGS  
☐ RCI – RULINGS ATTACHED

**Comments:**

**INVESTIGATOR**

Reviewed \_\_\_\_\_  
Initial/Date

- ☐ Interviewed \_\_\_\_\_  
Initial/Date  
☐ Applicant states all arrests and convictions have been listed.

\_\_\_\_\_  
Applicant Initial/Date

**BOARD OF STEWARDS**

☐ Approved ☐ Denied

\_\_\_\_\_  
Initial/Date

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